

CIA INTERNAL USE ONLY  
SECRET

(When Filled In)

PERSONALITY (201) FILE REQUEST

TO RI/ANALYSIS SECTION	DATE 2 Apr 53	ACTION OPEN <input checked="" type="checkbox"/> AMEND <input type="checkbox"/> CLOSE <input type="checkbox"/>
FROM OE/G	ROOM NO. 2005-K	TELEPHONE 3177
INSTRUCTIONS: Form must be typed or printed in block letters.		
SECTION I: List 201 number, name and identifying data in the spaces provided. All known aliases and variants (including maiden name, if applicable) must be listed. If the identifying data varies with the alias used, a separate form must be used. Write UNKNOWN for items you are unable to complete.		
SECTION II: List cryptonym or pseudonym, if assigned. If true name is sensitive, obtain 201 number from 201 Control Desk and complete Section I and Section III. On a separate form, enter the 201 number and complete Section II and Section III. Submit each form separately.		
SECTION III: To be completed in all cases.		
SECTION I		
SENSITIVE <input checked="" type="checkbox"/>	1. SOURCE DOCUMENT	
NONSENSITIVE <input type="checkbox"/>		
NAME (Last) (First) (Middle)	(Title)	SEX 3. <input checked="" type="checkbox"/> M <input type="checkbox"/> F
NAME VARIANT		
TYPE NAME 2. (Last) (First) (Middle) (Title)	RECORDED	
PHOTO 4. BIRTH DATE 5. COUNTRY OF BIRTH 6. CITY OR TOWN OF BIRTH 7. OTHER IDENTIFICATION 8.		
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> V		1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>
OCCUPATION/POSITION OCC/POS. CODE 9.		
SECTION II		
CRYPTONYM	PSEUDONYM	
SECTION III		
COUNTRY OF RESIDENCE 10. ACTION DESK 11. SECOND COUNTRY INTEREST 12. THIRD COUNTRY INTEREST 12a.	OE/G/W5	
COMMENTS:		
PUNCHED		
PERMANENT CHARGE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	RESTRICTED FILE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SIG
SECRET CIA INTERNAL USE ONLY		

Form No. 831 Use previous editions.  
1 Oct. 56

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SOURCES METHODS EXEMPTION 302B  
NAZI WAR CRIMES DISCLOSURE ACT  
DATE 2008